

# Shifting Dullness

---

June, 1995



---

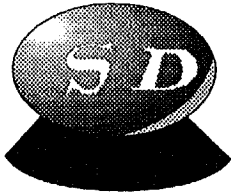
*MSIII's Gunning for the Boards...*

---

## **Inside this issue:**

- The antioxidant controversy continues
- Brooding with Crystal
- Roadside Assistance will make you chuckle, maybe
- Rocca free issue!

# Crystal Ball



Crystal Bernstein

Another year of medical school comes to an end, and with its passage come a few hundred new things to brood over. Surely I am not the only one who participates in this yearly festival of brooding. Before first year, my list of things about which to worry included finding a place to live, figuring out where I was supposed to park, and avoiding being ostracized by my friends for attending a school affiliated with Danny Ferry and Christian Laettner. Prior to second year my main preoccupation was how I was going to disguise my bankrupt fund of clinically applicable medical knowledge. With third year came anxiety about finding a lab to work in and remembering how to do unit conversion (which brought on concern that I was perhaps suffering from a form of early-onset Alzheimer's disease). These worries, however, seem miniscule when compared to the monstrous pile of things to obsess over now that fourth year is here. A sampling from this pile would include writing a c.v., finding a few people who are willing to pen a letter of recommendation, and, while attempting to encapsulate all your former accomplishments and future aspirations in a nice, tidy package, figuring out what you want to do with the rest of your life. Of course, worrying about these things can only begin in earnest after the contents of a half-dozen 300+ page review books have been memorized and regurgitated on one of the longest multiple-choice examinations known to man (or at least to me — you might know of a longer one, in which case I am sorry).

These worries all fall under the heading of the main Big Worry, the residency match. This is the means by which, in a process uncannily similar to sorority rush, about 15,000 medical students get paired up with their destinies. Although I cannot think of a better way to sort budding young doctors amongst the various teaching hospitals in need of their keen diagnostic and therapeutic skills (or keen brooding skills, as the case may be), the process employed by the National Residency Matching Program seems a little strange to me. I find it amazing that one big computer is able to sort out the wishes of thousands of students and residency program directors into a single giant match list. Where does this computer live? What if it gets a virus? What if there's a big power surge and all the information about these students and residency programs gets melted? And, as if computers didn't already play an important enough role, this year residency applicants for some programs will be able to scan all their letters, pictures, bribes, etc. into some computerized file shared by residency programs around the country. It's baffling. Of course, I haven't figured out the Internet (or even e-mail, for that matter) yet, so perhaps I find it more baffling than you might.

And when the computer figures out where all of us will be spending the next few years, it tells our deans, and our deans tell all of us at the same, specified time in a big room so we can all discover our destinies together (sounds sort of poetic, doesn't it). I cannot think of anything more nervewracking. It seems that there could be a gentler way of giving us the news. A letter, maybe. Or even a telephone call. But not an envelope to be opened in a room full of strung-out medical students. Please excuse me, but I'm getting a little tense. And I have a few more books to memorize.



U  
1. S  
occu  
mor  
stud  
all D  
wha

2. I  
199  
Mal  
Cha  
help  
gue



Ju

# Upcoming Events Around Duke and Durham

Chris Gamard

1. **Summer Flicks:** Freewater film presentations occur every Thursday night during the summer months in the Griffith film theatre (in the Bryan student center). They start at 8 pm and are FREE to all Duke students (\$3 for non-students). Here's what's showing:

June 8th	The French Connection
June 15th	The Parent Trap
June 22nd	An American in Paris
July 6th	The Bicycle Thief
July 13th	Kiss Me Deadly
July 20th	Tootsie
July 27th	Rosemary's Baby
Aug. 3rd	The Natural

2. **Duke University Summer Festival of Music 1995:** Members of the Ciampi Quartet, plus the Mallarme Chamber Players capture the flavor of Chamber music in a variety of ensembles with the help of local professional musicians and selected guest artists. Three of the four concerts which

comprise the Festival take place in June (all at 8 pm): Sun. June 4th-- The Demos Ensemble, Durham's conductorless orchestra, will feature works by Copland and others (Reynolds Theatre). Sat. June 10th-- Ciampi Quartet and Friends (Griffith). Thurs. June 22nd-- The Mallarme Chamber Players perform with dancers and guest musicians from Durham (Reynolds). All shows are FREE for students (and children) and \$5 for non-students. Call Page Box office for more info.

3. **More BULLS:** Last month's debacle with Winston-Salem notwithstanding, the Durham Bulls Athletic Park is still a great (and usually peaceful) place to spend summer evenings. The Bulls will be at home June 13th-18th, 25-26th, and 29th-30th. All home games start at 7:30 pm, except Sunday games which start at 6:05 pm. The game on 6/30 vs. the Lynchburg Pirates will feature fireworks!

## Shifting Dullness

### EDITORS

Jamy Ard	Matt Hepburn
Jeff Drayer	Eric Halvorson
Mike Morowitz	Edward Norris

### STAFF

Crystal Bernstein	Julie Lapp
Greg Della Rocca	Reggie Miller
Michael DiCuccio	Umesh Marathe
Allison Evanoff	
Chris Gamard	
Todd Brady	

Shifting Dullness is a Duke University School of Medicine production. Subscriptions are available for parents. The cost is \$18.00 for one year.

Send checks to:

Shifting Dullness  
Duke University Medical Center  
P.O. Box 2865  
Durham, NC 27710

Any and all submissions are welcome and need only be placed in the "Shifting Dullness Box" located underneath the candy shelf in the Deans' Office.

June, 1995

3

*Beepers for Med Students*

The Davison Council is working on arranging beepers for the medical students. Which classes should get them and how to pay for them are two main issues. Keep an eye on your mailboxes; we will be sending out a survey to get opinions on the above issues. Please try to complete the survey and/or talk to a Davison Council member about your thoughts. We want as much input as possible! Also, Dr. Blazer is currently working on a trial run of beepers. The details of this are not yet explicit, but who knows...maybe you will be asked to participate.

*The Davison Council Fiscal Year*

Fiscal year??? Yes, we too have a fiscal year. If you are a class President or an officer of an organization that receives Davison Council funding, we want to remind you that all budgets turn over July 1. After this date, any money remaining in your class or organization budget will no longer be available to you. So, spend that money! Any questions, contact **Beth Johnson** (471-1505).

*Children's Miracle Network Fair*

Plans are in the works for this year's Children's Miracle Network Fair on Saturday, June 4th. One of the main features again this year will be the Kiss-a-Pig contest. Thus far, candidates for this classy event include Dr. Frank, Dr. Bart Haynes, and Dr. Siebert. Volunteers will be soliciting donations in the hospital cafeteria in the upcoming weeks, so please show your support!

Lots of volunteers are still needed to help out

with the Fair (running game booths, making baked goods, etc.). Please contact **Jenny Sung** (489-6952) if interested.

*Where did the chocolate go?*

As you may have noticed, there is not as much chocolate in the candy room. At the spring meeting of the Alumni Council (which funds the candy room), it was decided to not ax the candy completely, but to try to 'trim the fat', if you will. A budget of \$7000.00/year for the candy was concluded to be excessive and was subsequently trimmed to \$5000.00, which therefore accounts for the decrease in the amount of chocolate being distributed.

*Would you like to serve on the Alumni Council?*

**Katie Moynihan** and **Matt Hepburn** are the outgoing student representatives to the Alumni Council for the 1994-1995 school year. Such representatives serve an important role as liaisons between the alumni and the student body. The Alumni Council is very interested in our input on ideas for programs/events that they can provide funding. For example, one current idea in the works is to provide a computer and printer — possibly with medline, MCIS, and e-mail access, in the student lounge in North.

Matt Hepburn will soon be asking for nominations for student representatives for the 1995-1996 school year to serve on the Alumni Council. Keep an eye on your mailboxes for an upcoming notice. Any questions?? Call Matt (490-5703).



# Reflections on Honduras

by Matt Hepburn

I was one of fourteen students who traveled to Honduras in early March as part of the DUMC Medical Mission trip. As I have been recently reflecting on the trip and its impact on me, I thought that I would share a few thoughts about my experience. If you are not too busy studying for Pathology or for Boards (or finishing a surgery write-up), read onward.

Our group consisted of students, nurses, physicians, physician-assistants, and support staff and was led by Dr. Hage, an Ob/Gyn physician at Duke. We prepared for our trip by meeting weekly under the format of a class that involved a "search for meaning" in our lives and an understanding of medicine in an international context. We traveled to Honduras for eight days. We began by visiting the only state-supported medical school in Tegucigulpa, the capital of Honduras. We then journeyed to rural communities and delivered medical supplies and provided health care to over two thousand people. We worked closely with an organization called the Christian Coalition for Development, an Honduran organization focused on empowering the poor of their country.

The trip was a fantastic experience for the participants as we were exposed to living conditions vastly different than the American way of life. In spite of the cultural and economic differences, we were able to find common ground and serve these people through health care. We experienced the sincere generosity of people who had little in terms of material possessions. Members of our group claimed the week had "changed their life".

The reason for writing about this trip in June is to question how my life really has been changed. During my week in Honduras, I reflected on my priorities and found that many things that I emphasized in my life in the U.S. seemed trivial in Honduras. I vowed at that time to live differently and to not allow events like

Duke Basketball games to dictate my emotional state or the opinions of certain attendings to affect my self-image. Throughout our preparation we had concentrated on developing priorities that were consistent in what we value. In Honduras, we gained a better insight into what to value. Now, I feel that I may have slipped into the pattern that characterized my life before Honduras, a life without contemplation.

Perhaps the permanent value of the Honduras trip is the memory. As I reflect about that time in my life, I am reminded to live the priorities that I had developed then. Material wealth and social stature should be less important in my life than service to others and strong relationships with my family and friends. Similar to reviewing the pathological differences between Crohn's disease and ulcerative colitis, repeated exposure leads to thorough understanding. Each time I recall the meaning of my experience, those values become re-enforced. I become more committed to leading a fulfilling life according to my principles rather than the priorities of our society. As the search for meaning in life is often depicted as a journey, I need to allow my Honduras experience to be the sign pointing in the right direction. ■

Shifting Dullness will be holding a meeting for anyone interested on **June 19, 1995 at 7:30 p.m.** The meeting will be at South Amphitheater. Dinner will be served.

The future direction of the magazine will be discussed, as well as post-board party stories

June, 1995

## Yet another letter from our vigilant readers...

To the Editors,

I was prepared to let the whole thing go. But the letter to the editor that appeared in the May 1995 *Shifting Dullness* struck a chord within me. Michael Morowitz's apocalyptic view of today's antioxidant situation has me appalled. His own glucose-6-phosphate dehydrogenase deficiencies aside, had Mr. Morowitz simply approached me personally rather than splatter his reactionary opinions all over page four, I would have been the first to offer him some of my own superoxide dismutase. Sadly, this was not the case.

There are many of us who do not partake of anti-oxidant laden foods at the ludicrous levels that Michael proposes. Are our cell membranes "ravaged?" Do we spend our hours trying to regain "stolen" electrons, as Mr. Morowitz's rantings would lead his readers to believe? The answer is no. Perhaps the Mind-Body study group would be a better forum for Michael's fire-and-brimstone myths of doom. We at the Duke University School of Medicine are neither interested nor amused.

But suppose for a moment that we took Mr. Morowitz's suggestion. Suppose we eradicated all of the oxygen radicals from our bodies. Where would that leave us? Immunocompromised or dead, that's where. Without oxygen radicals our neutrophils would be at the mercy of the tiniest bacillus. Inflammation would be a thing of the past. With our body's first line of defense shooting blanks, rubor, dolor and calor would be just a distant memory. Indeed, in the words of Jeff Greene, biochem Ph.D. and MSI, "without oxygen radicals, you're hosed." Hosed? Is this the state Mr. Morowitz would like to see humanity come to? That question I cannot answer. Fortunately there are those of us who care enough not to let yellow journalism such as this go uncontested. Let us hope this is true when the next jargon-spewing madman makes his way into *Shifting Dullness*. Thank you.

Sincerely,  
Jeff Drayer



# On the Ward

with Ard

Now that I have successfully mastered 5/6 of the Duke second year curriculum (knock on wood), I feel it necessary to dub myself as an expert at navigating this rough yet wondrous year. And as an expert I must divulge my wealth of knowledge and experience so that those who follow will dodge the land mines that I so woe-fully landed on with every other step. This continuing series will help you get every penny's worth of the \$20,000 plus in tuition that you fork over every year.

These past few days the halls have been abuzz as the MS I's have received their new schedules for next year's clinical rotations. Some students have been fortunate to receive very favorable schedules while it seems that a majority of the students have been screwed by having that awful combination of a back to back surgery and ob/gyn or surgery and medicine. And then there are the few poor souls who have to endure the trifecta—surgery, ob/gyn, and medicine. Actually, now that I think about it, surgery by itself is bad, which is a perfect lead-in for our discussion for this issue.

---

**This continuing series will help you get every penny's worth of the \$20,000 plus in tuition that you fork over every year.**

---

For those of you who will begin the year by making the belly flop into the wading pool called surgery, allow me to bring a little reality into your world. Instead of spending countless hours trying to perfect the rectal exam, reviewing your unlimited knowledge of gross anatomy, or trying to figure out how to put the stethoscope in your ears correctly, I would suggest that you either

invest in a good Soloflex machine or join your local health club and increase your muscle bulk. This will prove more useful than anything when it comes to surviving the surgery rotation, because all of your hours in the gym will suddenly payoff when you can hold that retractor longer and harder than anyone else. This is obviously the way to distinguish yourself from your classmates and earn a grade of honors.

Retraction is an art that very few physicians master, that is why the medical student has to do it. They spend all of their time cutting this and ligating that, that they lose site of the real objective. Exposure is the name of the game. Without it, they could do nothing; and if you ever feel unappreciated while you are in the operating room, simply loosen your grip on the retractor and lessen the surgeon's exposure. You are sure to get his or her full attention, and even though the surgeon may call you a name that is not what people you consider your friends call you, you will know on the inside that you are really loved and needed by all.

A few subtle points about retraction that I learned the hard way. It is not how hard you pull but the angle of the pull that matters. As I stated previously, exposure is the aim. Pulling hard in the wrong direction will do nothing but get you thrown out of the operating room (wait, that could be good.) Gentle retraction in the exact area of needed exposure is always sufficient. If the surgeon orders you to pull hard, the facial expression of straining or regripping the retractor, but pulling with the same intensity usually suffices. A final point to make is that if you miss spring training and do not have a chance to bulk up for surgery, do not be afraid to use your weight. Be careful when you lean back, but let your weight do the work and the patient will support you. Trust me, I know. ■

## Who Are You, Sir William?

If there is one individual whom the second year medical student is supposed to idolize, it is Sir William Osler. Sir William discovered lots of things about medicine while working at various universities across the world many years ago. It just so happens that I can't recall any of the things that he discovered or any of the universities where he worked. In fact, I'm not sure I can remember when he lived, but I'd be willing to bet it was sometime between the 14th and 19th centuries. What I do remember about this remarkable man are his portraits that are splashed across the slide screen during our clinical rotations. We see an elderly gentleman adorned in flowing red robes sitting on a throne-like chair with a book in his hands. He resembles a seated Hugh Hefner with a mustache, who might be attempting to find out if his latest wife has made the most recent edition of *Who's Who of American High School Students*. Ironically, these pics have nothing to do with medicine. I've always wondered why no one painted Sir William doing something medical, such as the cardiac exam. A particularly aspiring artist might craft a painting entitled, "Sir William Osler Performing a Rectal With His Bathrobe On". Picasso could have produced a rousing cubist version, I'm sure.

I've also always wondered what his family called him. Surely it wasn't Sir William. I'm sure his wife never yelled out the front door, "Oh Sir William, will you pick up some toilet paper on the way home from work today?" I'll bet that behind closed doors she called him Sir Bill. Perhaps they were a touch more intimate. Maybe Mrs. Osler referred to her husband as Sir Sizzle Lips or Sir Fuzzy Buns. Even if I had been knighted by the Queen of England, or whoever it was, I would certainly not refer to myself as Sir Todd Brady. I can imagine a conversation at a cocktail party:

"Hi, I'm Phoebe. What's your name?"

"I am Sir Todd Brady."

"That sure is a big stain on the red bathrobe you're wearing, Sir Todd."

"Oh that ... that is, uhhm, Surgilube Bacteriostatic Lubricant. I recently posed for a portrait while I was performing a ... oh nevermind."

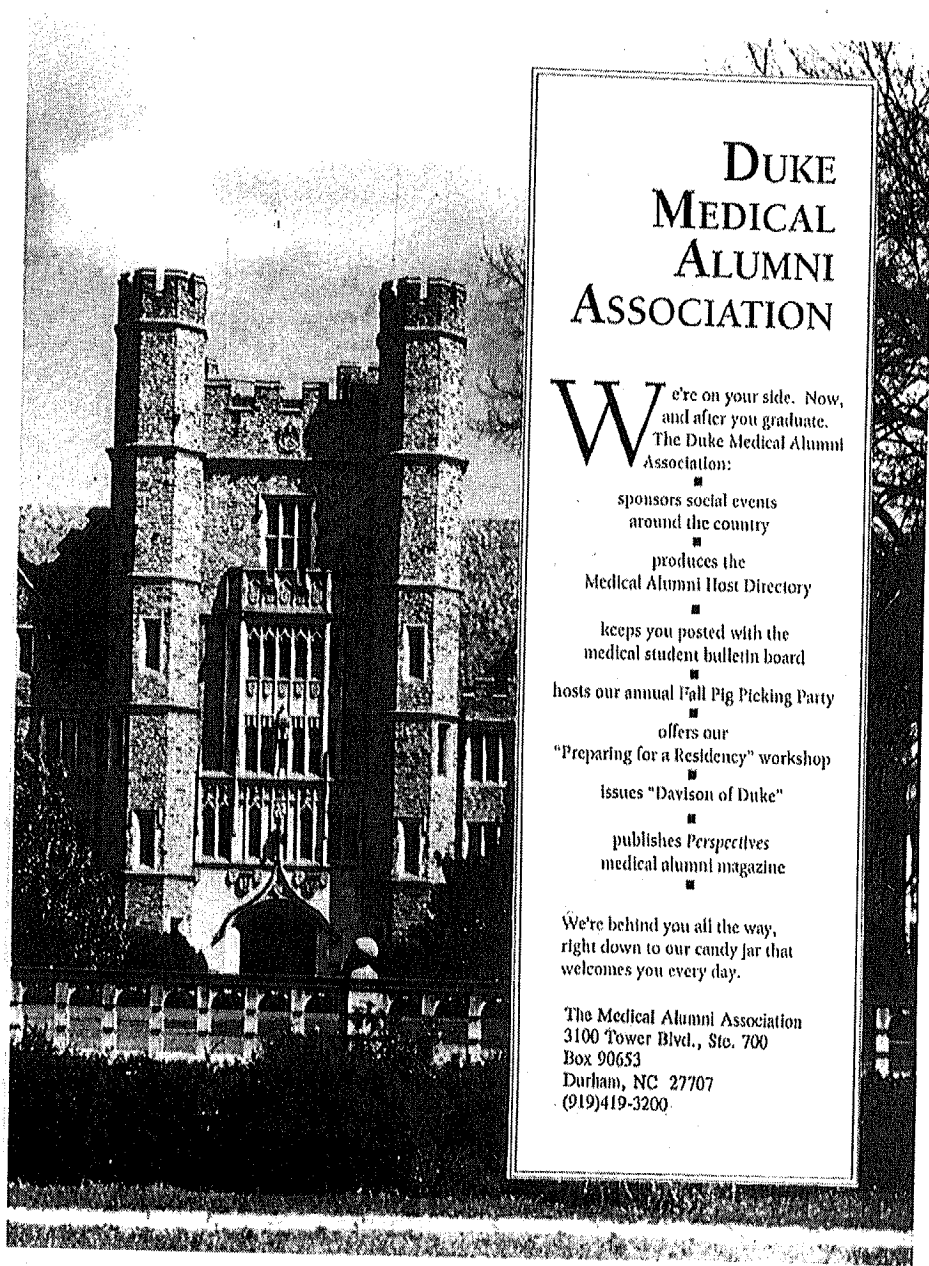
Sir William Osler was the one that came up with the idea that medical students should see patients as part of their education. I have no idea why anyone could possibly think that this could be a good thing. Sir William obviously forgot about the fact that, by seeing patients, the medical student would also have to see residents. And everyone knows that, thanks to our idol, the success of medical education is now unfortunately determined by the quality of the residents. Take the Surgery Clerkship, for instance, which should be re-titled "Rule Out Duke Surgery Residents." I can't blame the surgery residents, though. I'd be a little snippy too if I had to stay up every night of the week to write "wound clean, dry and intact" in three hundred charts, and then get up at 4 AM to wash my hands for twenty minutes so that I could help cut off someone's leg. I've also ruled out Pediatric, Psychiatry, and Ob/Gyn residents also, and I haven't even taken Ob/Gyn yet. I personally am going to skip residency and move right to attending status. So Osler screwed up on this one. My second year would have been perfect if I had just stayed away from residents and, for that matter, the hospital altogether.

Finally, I should mention that Sir William Osler was the one who said, "Medicine is nothing but work" (or something to that effect). This statement alone indicates that Osler was not an ophthalmologist. So who was he? I say they should tell us. They might begin by explaining why Sir Nothing But Work posed for pictures in his bathrobe.

- Todd Brady







## DUKE MEDICAL ALUMNI ASSOCIATION

**W**e're on your side. Now,  
and after you graduate.  
The Duke Medical Alumni  
Association:

- sponsors social events  
around the country
- produces the  
Medical Alumni Host Directory
- keeps you posted with the  
medical student bulletin board
- hosts our annual Fall Pig Picking Party
- offers our  
"Preparing for a Residency" workshop
- issues "Davison of Duke"
- publishes *Perspectives*  
medical alumni magazine

We're behind you all the way,  
right down to our candy jar that  
welcomes you every day.

The Medical Alumni Association  
3100 Tower Blvd., Ste. 700  
Box 90653  
Durham, NC 27707  
(919)419-3200

### Roadside, cont. from 11

somewhat illegal (at least, now it is).

He slowly marched out of the creek and back to the car. Just as he remembered, a can of corn was nestled among his gear in the trunk. However, his only can opener was the one supplied with his Swiss Army knife, a device that is notoriously difficult to use. After much struggling and many cut fingers, he managed to pry a section of the lid open, whereupon the can fell out of his hands, down the bank, and into the creek, disappearing for good. Only a few kernels were left lying by the roadside.

Thoroughly frustrated, he retrieved the kernels and affixed them to his hook for one possible cast. He walked back down to the shore and cast into the stream, aiming just beside the circle of men. His line arced cleanly through the air and lodged in a low-hanging branch, his bait suspended in midair.

For those of you who have never fished, snags are quite common, even in overhangs and such. No problem, just wiggle the line, jerk the rod, and they frequently come undone.

A few sharp jerks and the line remained stuck. A brief additional tug was then warranted. Bracing himself, he gave an additional jerk and SNAP! his graphite rod broke in two.

The circle of men standing in the creek was now entertaining itself with watching this possible relative of mine demonstrate his cerebellar dysfunction while fumbling everything he owned into the hungry maw of the creek before him. Wild with rage and thoroughly frustrated, the man cast a glance on his brand-new Mitchell reel, attached to the broken rod, and proceeded to beat the reel into many small pieces against a nearby tree.

He then marched back up to his car, leaving his rod and reel by the creek, and headed home, defeated by yet another Pennsylvania trout stream. It was, by then, 8:45 am, the end of another fine day of fishing on Opening Day. ■



# Your Source for:

Medical Reference Books  
& Textbooks

Medical Instruments  
Scrubs & Lab Coats

Office & School Supplies  
(25% discount when  
purchased on an IR)

Duke & DUMC

Clothing & Gifts

Journal & Thesis Binding

Special Orders Welcome

## Medical Center Store

Monday - Friday 8:30 - 5:30

Saturday 10:00 - 4:00

106 Facilities Center

Just off the PRT Walkway between

Duke North & South Hospitals • 684-2717

Visa, MasterCard, American Express, Discover, Flex, IRI

Department of Duke University Stores®

Shifting Dullness

### Roadside

This is t

In C

there w

one loo

ways g

Christn

season.

since y

showed

season

So,

Tra

son in

the tre

snow h

begins

am. T

stream

that yo

levied

An

day, sh

early;

space.

so cro

neighb

on suc

betwe

was b

Since

with h

the ca

only t

So

not be

Spot

legen

gener

will c

you c

poun

but e

descr

T

ous c

June

### Roadside, cont. from 12

This is the tale of Opening Day, though.

In Central Pennsylvania, as a school-kid, there were, of course, school holidays that everyone looked forward to. Thanksgiving was always good for many days off, as was Easter and Christmas. So, too, was the first day of deer season. Since everyone there hunts avidly (and since you can legally hunt at age twelve), no one showed up for school on the opening day of deer season; it was an unwritten school holiday.

So, too, was the first day of trout season.

Traditionally the Opening Day of trout season in Pennsylvania falls in early March, before the trees have bloomed, sometimes before the snow has even melted. The annual "bank yank" begins at 8:00 am - not 7:50, not 7:59, but 8:00 am. Trust me, the game warden will be on the stream, wherever you are, and will make sure that your line is not wet before 8:00 am. Fines are levied those who dabble early.

Another warning: if you plan to go on opening day, show up at least 45 minutes if not an hour early; otherwise, you will not get any creek space. You see, on Opening Day, the streams are so crowded that you brush elbows with your neighbors on every cast. Forget trying to use flies on such a day - fly fishing requires ample space between fishermen, lest your lines get tangled. It was bait fishing only, and catch as catch can. Since the streams had all been recently stocked with hungry browns and rainbows and brookies, the catching was generally excellent. And the only thing that beats fishing is catching.

So, a few years ago, a man who may or may not be related to me decided he wanted to try The Spot out on opening day. The Spot, you see, is a legendary, mythical place passed down through generations of fishing lore. It is a place where you will catch a fish on every cast. It is a deep creek you could cross walking only on the backs of 10-pound brown trout. It, of course, does not exist - but every year, someone passes you a hot rumor describing where the fish will be. It is The Spot.

This particular year The Spot was a sumptuous curve of Big Pine Creek (yes, it is related to

Little Pine Creek). This man (who I will call Roy) decided he would show up very early; being unfortunately detained at the hospital, he arrived at 8:35, later than intended. The Spot was, of course, crowded. Cars were packed two deep along the road. Down the cliff-like bank, out in the creek, were innumerable men, standing in the middle of the creek in water over their knees, clustered in a circle about 30 feet wide. Clearly, this was where the fish were.

Roy gathered his gear and lumbered down into the creek. His belt contained two common devices for bait fishing: a cylindrical nightcrawler container that rotated to reveal a concealed opening to allow worm retrieval, and a bracket with a flip-top for easy access onto which you could screw a lidless can of salmon eggs. Rod in hand he waded across the burbling creek to take up position in the circle.

With deft hands he rigged his line with a hook, and turned to his bait. Turning the nightcrawler case to retrieve a worm, his hand slipped and the entire contents of his case dropped into the creek. Not a worm was left.

Giving a slight grumble, he turned to his salmon eggs. Bear in mind that his brackets were designed for glass salmon egg jars that could screw into them; the most common jars, however, are plastic and are slightly smaller than the glass ones. It is still possible to use them with the brackets; the jars, however, must be wedged into place. Opening the flip-top lid, he slid a finger into the oily orangish eggs. The plastic jar, far from properly inserted, clicked slightly and dropped into the water, spilling eggs around his feet.

Poor Roy now stood in the middle of the creek, baitless in a matter of minutes. Around his feet he could both see and feel the swarming masses of trout that had gathered to partake of his clumsiness.

He stood there, amid the astonished faces of his comrades, and suddenly remembered: in his car, deep in the trunk, was a can of corn. Yes, corn often makes great bait; however, it is also

**Continued on page 10**

# Shifting Dullness

Duke University  
P. O. Box 2865  
Durham, N.C. 27705

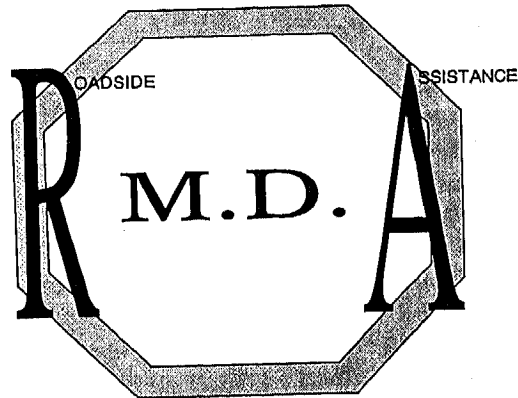
Dr. Jim Gifford (2)  
Medical Center Archivist  
Box 3702, DUMC

---

## To fish on Opening Day, what more?

There are those of you out there who may know that I have, on occasion, fished before. Okay, so fishing is an addiction of mine. Being the purist that I am, I believe in only the most difficult angling challenges I can find: fly-fishing or light tackle exploits. However, this tale of woe is not to be about me.

I fly-fish in Central Pennsylvania, on many a forgotten and capable trout stream. I have walked literally miles through hip-deep water in Little Pine Creek (previously one of the best trout streams in the Eastern United States) and not caught a fish. Actually, I have yet to catch a fish here, and I'm quite frustrated by this. This tale, however, is not the tale of Little Pine Creek.



I have been salmon fishing on the Kenai River in Alaska, one of the best salmon rivers in the world. There I managed to catch a 60 pound king salmon using a light-weight spinning rod and 12 pound test line. This is light tackle fishing - using delicate apparatus to catch monster fish. This tale, however, is not the tale of salmon fishing. Or of light tackle.

**Continued on page 11**

Shifting Dullness